

PROOF OF CLAIM

United States Bankruptcy Court

SOUTHERN DISTRICT OF TEXAS

In re:

STAGE STORES INC

Case Number: 00-35078

Judge: WESLEY W STEEN

Chapter: 11

United States District Court
Southern District of Texas
FILED

JUL 14 2000

Michael N. Milby, Clerk

Name and Address Where Notices Should Be Sent to Creditor

Ohio Bureau of Workers' Compensation
Law Section Bankruptcy Unit
30 W. Spring St.
P.O. Box 15567
Columbus, OH 43215-0567
Telephone No. (614) 466-6600
Fax No. (614) 466-9384

☐ Check box if you are aware that any one else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you never received any notices from the bankruptcy court in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR
COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

Risk Number: 5480

Check here if this claim ☐ amends or ☐ replaces a previously filed claim dated

1. BASIS FOR CLAIM

☐ Taxes

☒ This claim is founded upon the debtor's statutory obligation to pay the cost of Workers' Compensation Claim Number: 97-338483 pursuant to Ohio Revised Code Section 4123.75 which became due on 03/08/1997.

☐ This claim is founded upon the debtor's obligation to reimburse the Bureau for an amount of compensation which he was overpaid, which became due on .

☐ This claim is founded upon the debtor's statutory obligation to pay workers' compensation premiums pursuant to Ohio Revised Code Section 4123.35, which became due.

☐ Other

2. DATE DEBT WAS INCURRED:
06/01/2000

3. IF COURT JUDGMENT, DATE OBTAINED:

4. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:

\$1,216.55

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

5. SECURED CLAIM

☐ Check this box if your claim is secured by collateral

☐ Real Estate ☐ Motor Vehicle ☐ Other

6. UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority

for taxes or penalties of governmental units - 11 U.S.C. 507(a)(7)

7. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

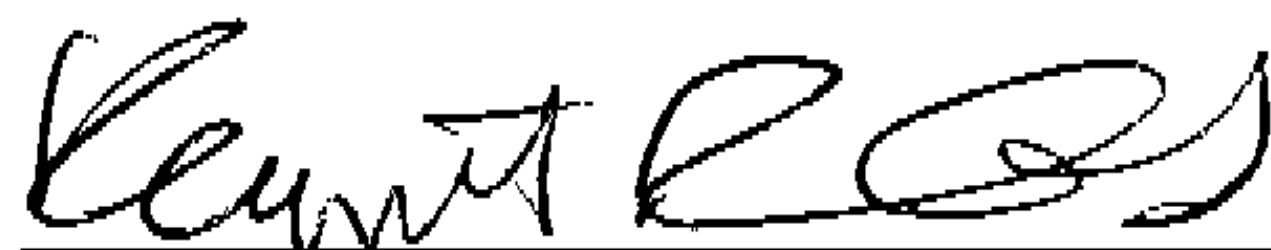
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COURT USE ONLY

8. SUPPORTING DOCUMENTATION: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the document is voluminous, attach a summary.

9. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this claim.

SIGN AND PRINT THE NAME AND TITLE OF ANY PERSON AUTHORIZED TO FILE THIS CLAIM.

Date: 07/10/2000



KENNETH R CAIN JR, BWC ATTORNEY

Claims Management [Maintenance: Claim Status/Type]	
<div> <div> </div> </div>	
Claim Status: ALLOW	Claim Type: NO ACC-OSF-NO
W Name: PENNY KING	Date of Injury/Disq: 03-08-1997
Benefit Type <input checked="" type="radio"/> Med Only <input type="radio"/> Lost Time	Accident Type <input checked="" type="radio"/> Accident <input type="radio"/> Occupational Disease <input type="radio"/> Death
Filing Date: 03-20-1997	Catastrophic Dates: <input type="text"/> to <input type="text"/>
<input type="checkbox"/> Rehab Claim	Suspend MHS Bills: <input type="text"/> to <input type="text"/>
<input type="checkbox"/> Receiving SS Benefits	Statute of Limitations: 04-13-2004
Changeover Date:	Inactive Date: 10-17-1998
Last Hearing Date:	Last Medical Paid Date: 04-13-1998
Handicap Percentage: <input type="text"/>	Last Indemnity Paid Date:
Medical Settled Date: <input type="text"/>	Total Indemnity Paid: \$0.00
Compensation Settled Date: <input type="text"/>	Total Medical Paid: \$173.55
	Total Amount Paid: \$173.55
	Determination Date: 04-21-1997
	Last Update: 04-14-1998
	<input type="checkbox"/> Statutory Date Override
<div> <div>RTW History...</div> <div>Init Contacts...</div> <div>Dup...</div> </div>	<div> <div>Close</div> </div>

INTER - OFFICE COMMUNICATIONTO: Claim File DATE: 07-10-00FROM: LawSUBJECT: CLAIM # 97-338483 RISK # 0005480
PENNY K KING**MEDICAL** XXXPRESENT AGE: 49 DOB 09-02-51CURRENT SETTLEMENT VALUE \$1,043 1,043.00DATE OF INJURY 03-08-97 173.55\$1,216.55**INTER - OFFICE COMMUNICATION**TO: Claim File DATE: 07-10-00FROM: LawSUBJECT: CLAIM # 97-338483 RISK # 0005480
PENNY K KING**MEDICAL** XXXPRESENT AGE: 49 DOB 09-02-51CURRENT SETTLEMENT VALUE \$1,043DATE OF INJURY 03-08-97